

# **EXHIBIT 6**

FARMERS MUTUAL FIRE INSURANCE COMPANY  
217 West Oklahoma, Okarche, OK 73762DECLARATIONS  
FOR POLICY TYPE(S)

Home-Guard 3 Special  
 Home-Guard 2 Broad HG3  
 Home-Guard 2

5

405-204-0942

POLICY NUMBER: V 20200056

Location of residence/insured premises:

.16 ACRES 3716 CATAMARAN DRIVE YUKON,  
County: CANADIAN

Agent Name and Address:

JAMES ANDERSON  
10325 GREENBRIAR, #A  
OKLAHOMA CITY, OK 73159

Policy Period:

From 12/20/20 to 12/20/21  
12:01 A.M. S.T. at the address of the Named Insured  
Mortgagee:

MORTGAGEE BILLED  
#9902338349  
U.S. BANK, NA  
P.O. BOX 961045  
FORT WORTH, TX 76161-0045

Named Insured, Address and Telephone No:

EARLENE CARR  
3716 CATAMARAN DRIVE  
YUKON, OK 73099

Subject to Forms: FM 318 01-20

FM192, HG282	YUKON	
PL 7205 01-19, HG 351 01-20	Deductible: \$ 1000.00	

## Additional Insured(s)

Name	Address	Interest of Add. Ins.	Prop.	Liab.	Limited Form
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Section I-Property Coverages	Dimensions	Town Class	Year Built	Type of Const.	Roof Kind	Amount of Coverage Year	Premium
A. Dwelling	1542	2	2009	BRICK	C2018	192000	1929.00
B. Other Structures						19200	
						0	.00
C. Personal Property						96000	.00
D. Additional Living Expense						57600	.00

Fire Department Service Charge	500	.00
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Section II-Liability Coverages	Limit of Liability	Premium
E. Liability to Public Coverage	Each Occurrence	300000 \$ 5.00
F. Medical Payments to Public	Each Person	1000 .00
Additional Liability Coverage - Damage to Property of Others	Each Occurrence	250 .00

Optional Coverage(s)	Description	Premium
Incidental Business Activity	Gross Receipts: \$	.00
Incidental Agricultural Activity	Acres: Livestock: Yes <input type="checkbox"/> No <input type="checkbox"/>	.00
<input type="checkbox"/> Additional <input type="checkbox"/> Rental Premise		.00
		.00

GMRC 2255 1-01, RCIL 4618 OK 01-18, FM 800 01-18 Total Premium 1934.00  
 GMIL 4709 3-03, FM 463 01-20, GMIL 4722 7-09 DUE/-CREDIT .00  
 GMIL 4693 OK 01-20, HB 1447, HG 661145 01-20  
 GMIL 4643 7-15

This policy will be continued to the expiration date above if you pay the required premium for each successive year or premium payment period. Required premiums will be based on our rates then in effect.

New  Renewal  Change of Coverage

DATE

AUTHORIZED REPRESENTATIVE

